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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BENNARDO LEVINE LLP  
Account Number : I20130000096  
Phone : (561)392-8074  
Fax Number : (561)368-6478

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**LLC DISSOLUTION OR WITHDRAWAL**  
**799 NW 7TH, LLC**

Certificate of Status	0
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 799 NW 7TH, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Cohen, Esq.  
(Name of Person)

Bennardo Levine LLP  
(Firm/Company)

1860 NW Boca Raton Blvd.  
(Address)

Boca Raton, FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Cohen at 561 392-8074  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
799 NW 7TH. LLC

2. The Articles of Organization were filed on 05/07/2013 and assigned  
document number L13000066884

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to Section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The limited liability company has been dissolved by consent of the sole member.

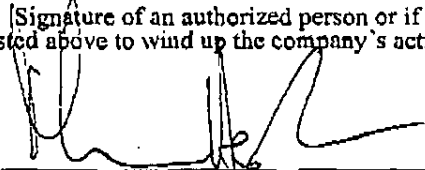
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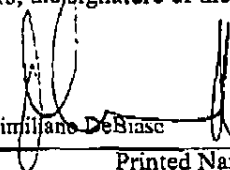
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Massimiliano DeBisce

136 E. Boca Raton Rd.

Boca Raton, FL 33432

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

  
Massimiliano DeBisce  
Printed Name

**FILING FEE: \$25.00**